

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

DUNCAN

18462

State File No. _____

Registrar's No. **25**

BIRTH NO. _____		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 3337	
1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Howell		
b. CITY (If outside incorporated limits, give rural route and give OR TOWN Peace Valley)		c. LENGTH OF STAY (In this place) 14 yrs		c. CITY OR TOWN Peace Valley	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			e. STREET ADDRESS (If rural, give location) 0460		
3. NAME OF DECEASED (Type or Print) a. (First) CYNTHIA b. (Middle) M. c. (Last) PREUETT			4. DATE OF DEATH (Month) (Day) (Year) JUNE 20-1955		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH April 3-1864		9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR Months 2 Days 17 IF UNDER 1 HRS. Hours Min. 	
11. BIRTHPLACE (City and State or Foreign Country) SAND GAP, Kent.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME JEFF MORRIS		13b. MOTHER'S MAIDEN NAME JENNIE SANDLAND		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME George Preuett R+2 West Plains Mo. ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Degeneration</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) H222</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 A. m., from the causes and on the date stated above.					
23a. SIGNATURE Joe P. Duncan (Degree or title) Coroner		23b. ADDRESS Mtn. View, Mo.		23c. DATE SIGNED 7-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 6-22-55		24c. NAME OF CEMETERY OR CREMATORY Chapel Hill	
24d. LOCATION (City, town, or county) (State) Mtn. View Mo.		25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S ADDRESS Mtn. View, Mo.			
DATE REC'D BY LOCAL REG. 7-1-55		REGISTRAR'S SIGNATURE Laura Mitchell 126-0			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

0460

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Joe R. Duncan

Licensed Embalmer No. 432

P. O. Address Mt. View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.